

## MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION JOB TRAINING PROGRESS

EMPLOYMENT TRAINING SECTION P.O. BOX 480

MONTH	LY PROGRESS	AND ATTENDANCE	REPORT JEFFERSON CITY, MISSOURI 65102	
NOTE These report forms are available from the Department of Elementary and Secondary Education. THESE FORMS ARE TO BE RETURNED TO THE REFERRING OFFICES.				
SECTION I - IDENTIFICATION			SECTION IV - STUDENT PROGRESS AND PERFORMANCE	
SOCIAL SECURITY NUMBER  NAME OF STUDENT			1. STUDENT'S ATTITUDE (CHECK ONE)  COOPERATIVE INDIFFERENT UNCOOPERATIVE DISRUPTIVE  2. IS THE STUDENT (CHECK ONE)	
NAME OF SCHOOL				
REPORTING PERIOD FROM: TO: NAME OF COURSE			☐ MASTERING TRAINING COMPETENCIES ☐ NOT MASTERING TRAINING COMPETENCIES	
SECTION II - STATUS OF STUDENT			3. WHAT DIFFICULTIES, IF ANY, IS THE STUDENT HAVING WITH TRAIN- ING (CHECK ALL THAT APPLY)	
1. In TRAINING	NO. OF WEEKS TO BE COMPLETED	GRADUATION DATE	□ NONE □ LEARNING SUBJECT MATTER	
2. INTERRUPTED	the second real	DATE	FOLLOWING INSTRUCTION SPEED AND ACCURACY	
3. TERMINATED PRIOR TO COMPLETION  DA		DATE	☐ PERSONAL PROBLEMS ☐ POOR ATTENDANCE ☐ LACK OF EFFORT	
4. COMPLETED TRAINING			OTHER (PLEASE BE SPECIFIC)	
5. NUMBER OF CLOCK HOURS COMPLETED TO DATE			4. DOES THE STUDENT NEED ASSISTANCE FROM THE REFERRING AGENCY (CHECK ONE)  YES  IF YES, PLEASE CONTACT:  NO  COMMENTS/RECOMMENDATIONS REGARDING TRAINING	
SECTION III - ATTENDANCE  REPORT STUDENTS MONTHLY ATTENDANCE BY MARKING THE APPROPRIATE SYMBOL OVER DATE:  P - Present				
1 2	3 4 5	6 7		
8 9	10 11 12	13 14		
15 16	17 18 19	20 21		
22 23	24 25 26	27 28		
29 30	31			
% OF ATTENDANCE				
TOTAL DAYS IN ATTENDANCE				
EXPECTED DAYS OF ATTENDANCE				
NOTE   I HAVE READ AND UNDERSTOOD THIS MONTHLY PROGRESS REPORT. MY SIGNATURE DOES NOT MEAN THAT I AGREE WITH THIS REPORT.				
CLIENT/PARTICIPANT'S SIGNATURE DATE				

DATE

REPORT OFFICIAL'S SIGNATURE